

N27027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

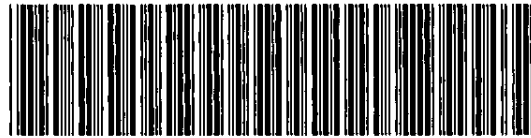
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500241172495

10/29/12--01041--010 **87.50

RA Ryan

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 29 AM 11:05

OCT 31 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cala Hills One Homeowners' Association
(Name of Corporation) INC

DOCUMENT NUMBER: N27027

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane Suchy
(Name of Person)

Bosshardt Property Management LLC
(Name of Firm/Company)

2123 SW 20 Place
(Address)

Ocala FL 34471
(City/State and Zip Code)

For further information concerning this matter, please call:

Garry Griffin at (351) 671-8203
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

Bosshardt Property Management, LLC
(Name of Registered Agent)

hereby resigns as Registered Agent for

Cala Hills One Homeowners' Association, Inc.
(Name of Corporation)

N27027

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Garry Griffin

(Signature of Resigning Agent)

If signing on behalf of an entity:

Garry Griffin

(Typed or Printed Name)

Sr. Vice President

(Capacity)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 29 AM 11:05

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314